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Traveler Information (click here to open/close) - Signed by Brenda Bonner/R4/USEPA/US o...

**EPA**Approval to Accept Travel
Under Ethics Reform Act of 1989**Event Location** Charleston, SC**Traveler's Role** ⓘ

Tour of Port

☒ Official Duty☐ Outside Activity**Travel Starts** 09/26/2017**Travel Ends**

09/26/2017

Event Sponsor(s) SC Port Authority**Purpose of Event** ⓘ

Tour

ⓘ

DEO or designee Bonnie Sawyer**Employee Name** Trey Glenn**Spousal expenses included?**☐ Yes ☒ No**Title** Regional Administrator**Organization** REG,04,ORA**Phone Number** 404-562-8357**Who is the non-federal person(s) or entity(s) paying travel expenses?** ⓘ**Name of Organization:** SC Port Authority**Address:** Charleston, SC**What kind of entity is this?** ⓘ☐ for-profit☒ state/local government ☐ College/University☐ not for-profit☐ foreign government ☐ Other (explain below)

Describe the entity (source) paying travel expenses. If the source of the travel expenses is an organization, describe the membership of the organization. For example, the "Center for Sound Science" may be largely made up of companies which produce chemicals regulated by your program or interest groups who take a position on our policies or regulations. (You can attach files below.)

SC Port Authority

Is this source a party to a matter that is pending before you for decision, such as a contract or assistance agreement matter, permit, license, etc.? *If "Yes", then acceptance of travel expenses cannot be approved*

☐ Yes ☒ No

Is this source paying the travel through an EPA contract, Federal assistance agreement OR FEDERAL GRANT (including a recipient's matching share)? *If "Yes", then acceptance of travel expenses cannot be approved* ⓘ

☐ Yes ☒ No

Is this source otherwise affected by EPA matters in which you participate?

☐ Yes ☒ No

If "Yes," describe the matter and attach explanation (below). ⓘ

Itemization of benefits ⓘ**Amount & METHOD of payment** ⓘ

	IN KIND	IN CASH
Common carrier transportation	ticket, meals etc., est. the \$	must be a check etc. made out to EPA
	\$0.00	\$0.00
Meals	\$0.00	\$0.00
Lodging	\$0.00	\$0.00
Local transportation	\$0.00	\$0.00
Waiver of fees ⓘ	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00
	<u>\$0.00</u>	<u>\$0.00</u>
Sub Total	\$0.00	Sub Total \$0.00

TOTAL →→→→→ **\$0.00**

(NOTE: For travel outside the United States, different rules may apply. Check with your ethics advisor.)

Does this amount exceed the amount payable under Federal☐ Yes ☒ No